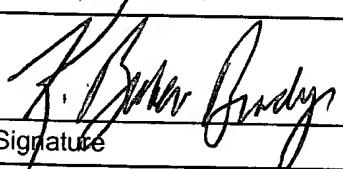
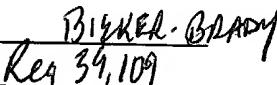
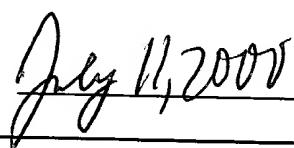


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873 U.S. PTO07-12-00
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	07678/062004
Applicant	Hai-Ying Zhu et al.
Title	GRAPEVINE LEAFROLL VIRUS (TYPE 2) PROTEINS AND THEIR USES
PRIORITY INFORMATION:	
This application is a continuation of and claims priority from United States patent application 09/080,983, filed May 19, 1998, (now pending), which claims priority from U.S. patent application 60/047,194, filed May 20, 1997(abandoned). This work was supported by the U.S. Department of Agriculture Cooperative Grant No. 58-2349-9-01. The U.S. Government may have certain rights in the invention.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	79 pages
Claims	2 pages
Abstract	1 pages
Drawing	14 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/080,983 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk

03-20960-0000000000

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	[**] pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$690	\$690.00
Excess Claims Fee: 18 - 20 x \$18	\$0.00
Excess Independent Claims Fee: 6 - 3 x \$78	\$234.00
Multiple Dependent Claims Fee: \$260	\$0.00
Total Fees:	\$924.00
<input checked="" type="checkbox"/> Enclosed is a check for \$924.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	Telephone: 617-428-0200 Facsimile: 617-428-7045
 Signature	 BAKER-BRADY Reg 39,109
 Date	